

Div. No.	OCA	OL1	Subfund	OL3	Type	Amount	Total
46-01	460007	3	208	3362	Medical Adm fee	2,675,520.00	68,048,705.00
	460004	3	208	3363	Medical Claims	65,358,185.00	
	461029	3	208	3362	COBRA	15,000.00	
Subtotal						68,048,705.00	
46-01	460009	3	207	3362	Dental Adm Fee	269,040.00	6,841,200.00
	460003	3	207	3363	Dental Claims	6,572,160.00	
Subtotal						6,841,200.00	
46-01	461035	3	209	3362	Drug Adm Fee	58,560.00	22,359,600.00
	460005	3	209	3363	Drug Claims	22,301,040.00	
Subtotal						22,359,600.00	
46-01	461001	3	204	3362	Vision Adm Fee	93,024.00	1,186,500.00
		3	204	3363	Vision Claims	1,093,476.00	
Subtotal						1,186,500.00	
46-01	461000	3	203	3362	Life Ins	1,395,680.00	1,395,680.00
46-01	460008	3	211	3362	Disability Adm Fee	206,658.00	3,178,350.00
	461042	3	211	3363	Disability Claims	2,971,692.00	
Subtotal						3,178,350.00	

TOTAL 103,010,035.00